

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-006145**

GENERATOR (Generator Must Complete) ② Name ALUMINUM CO. OF AMERICA VERNON WORKS EPA NO. CAD074126681 Address 5151 ALCOA AVE Phone No. 588-6141 City, State, Zip VERNON, CA 90058		③ Designated TSD Facility (Authorized to operate under an approved state program or federal program) Name OPERATING INDUSTRIES EPA NO. CAD080012024 Address 900 N. POTRERO GRANDE DR. City, State, Zip MONTEREY PARK, CA		④ Alternate TSD Facility Name BKK CO. EPA NO. CAD067786749 Address 2210 AZUSA AVENUE City, State, Zip WEST COVINA, CA							
⑤ U.S. DOT PROPER SHIPPING NAME WASTE WASTE		U.S. DOT HAZARD CLASS 		UN/NA ID NO. 		WEIGHT OR VOLUME 100		UNITS BKS		CONTAINERS NUMBER: 1 TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input checked="" type="checkbox"/> OTHER	
⑥ WASTE CATEGORY #7 LIST COMPONENTS: ⑨ A. WATER Sludge B. _____ C. _____ D. _____		⑦ EX. HAZ. WASTE PERMIT NO. _____ CONC. UPPER 99 RANGE LOWER 2 UNITS <input checked="" type="checkbox"/> % <input type="checkbox"/> ppm. <input checked="" type="checkbox"/> % <input type="checkbox"/> ppm. <input type="checkbox"/> % <input type="checkbox"/> ppm. <input type="checkbox"/> % <input type="checkbox"/> ppm.		⑧ GENERATING PROCESS ALUMINUM FABRICATION CONC. UPPER _____ RANGE LOWER _____ UNITS <input type="checkbox"/> % <input type="checkbox"/> ppm. <input type="checkbox"/> % <input type="checkbox"/> ppm. <input type="checkbox"/> % <input type="checkbox"/> ppm.		Non Hazardous Material 100 % ⑩ WASTE PROPERTIES: pH 7 <input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactive <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen/Mutagen ⑪ PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other ALUMINUM OXIDES & WATER ⑫ SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other _____					
GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.											
IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802				⑬ <i>[Signature]</i> Signature of Authorized Agent and Title				3/30/83 Date Shipped			
TRANSPORTER (HAULER MUST COMPLETE) ⑭ NAME ASBURY OIL CO. EPA NO. CAD028277036 ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392 CITY, STATE, ZIP Gardena, California 90249						⑮ PICK-UP DATE 3-30-83 TIME 1130 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM ⑯ <i>[Signature]</i> Signature of Authorized Agent and Title 3-30-83 Date					
TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE) ⑰ NAME <i>[Signature]</i> QUANTITY (If Measured) 7 EPA NO. AT080012024 ⑱ STATE FEE (If Any) _____ PHONE NO. _____ ⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:						㉑ HANDLING OR DISPOSAL METHOD: <input type="checkbox"/> Surface Impoundment <input type="checkbox"/> Landfill <input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment <input type="checkbox"/> Treatment (Specify) _____ <input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer					
㉒ NAME _____ EPA NO. _____						㉓ <i>[Signature]</i> Signature of Authorized Agent and Title 3-30-83 Date Accepted					

TO TRANSPORTER